JUN 1 0 2005

510(k) Summary of Safety and Effectiveness

LEVO comfort II

Submitter:

LEVO AG

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Device Name:

LEVO comfort II

Classification Name: Electrical Power Wheelchair, Stand-up

Identification of

Predicate Devices:

LEVO *mobil* LCM (K 963817)

Quickie Freestyle (K 031289)

Intended Use:

The LEVO comfort II stand-up power wheelchair is a product

which changes people's position from sitting to Standing and Standing to sitting but also any position in between. The

product provides indoor and outdoor mobility.

Description of

the Device: The LEVO comfort II power wheelchair is centre wheel

driven, battery powered, motor driven and is controlled by the PG Drives Technology's power wheelchair controller "VSI"

The Joystick is integrated in the Controller.

The wheelchair is powered by: two 12V/26Ah, two 12V/40Ah or four 12V/26Ah batteries with a theoretical driving range of 14km (26Ah), 20km (40Ah) or 28km

(56Ah) on the fully charged batteries.

The wheelchair consists of the following basic sub-sections:

- Base with two direct-drive units with integrated parking brakes, two 12V/26Ah, two 12V/40Ah or four 12V/26Ah, two 14"x2%" rear wheels and two 8"x2" front wheels.
- PG Drives Technology's power wheelchair controller "VSI"
- Seating System including stand-up mechanisms and actuator.

The base is of welded steel construction and includes the base frame, front castor wheels, rear driving wheels with drive unit (motor/gear/brakes) and batteries. The motor Controller is mounted to the left or right armrest, depending on the user's needs.

Safety and Effectiveness:

The LEVO comfort II was basically developed on experience of the LEVO mobil LCM. However being able to provide additional outdoor mobility as well as further improvements in the geometric for an excellent biomechanical response to the user's body. The only modifications are simply colour and design changes. So the LEVO comfort II has in substantial the same technological characteristics and the same safety and effectiveness as the predicate device(s) and the minor changes declared in the Submission do not raise new questions of safety and effectiveness.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JUN 1 0 2005

Levo AG C/o Mr. Stefan Priess TUV America, Inc. 1775 Old Highway 8 New Brighton, Minnesota 55112

Re: K051387

Trade/Device Name: LEVO comfort II Regulation Number: 21 CFR 890.3900 Regulation Name: Standup Wheelchair

Regulatory Class: II Product Code: IPL Dated: May 25, 2005 Received: May 27, 2005

Dear Mr. Preiss:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Mr. Stefan Priess

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html

Sincerely yours,

Miriam C. Provost, Ph.D.

Acting Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Indications for Use

Device Name: LEVO comfort II

Indications for Use: The LEVO comfort II stand-up power wheelchair may be of interest for any individuals who needs a power wheelchair and can not stand up on their own such as people with

spinal cord injury, spina bifida, cerebral palsy, multiple sclerosis, muscular dystrophy, polio,

rheumatism, etc..

Intended use: The LEVO *comfort II* stand-up power wheelchair is a product which changes people's position from sitting to Standing and Standing to sitting but also any position in between. The product provides indoor and outdoor mobility.

Prescription Use (Part 21 CFR 801 Subpart D)

510(k) Number (if known): not known

AND/OR

Over-The-Counter Use XX (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

(Divišion Sign-Off)

Division of General, Restorative.

and Neurological Devices

510(k) Number KO 5(387